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# BOROUGH OF OSWESTRY.



# ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH,

L. WILSON EVANS, M.C., M.B., D.P.H.

1937.



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# BOROUGH OF OSWESTRY.

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Mayor : Councillor ANDREW SCRIVEN.

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## **HEALTH COMMITTEE—**

Chairman : Councillor D. STONE.

The Health Committee consists of the whole Council.

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## STAFF OF THE HEALTH DEPARTMENT—

Medical Officer of Health—

L. WILSON EVANS, M.C., M.B., D.P.H.

Sanitary and Housing Inspector, Food Inspector, etc.—

HENRY T. ISAAC, Cert.R.San.I., M.S.I.A., Certified Meat  
Inspector.

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H. BIRD JONES, Town Clerk.

G. W. LACEY, C.E., Engineer and Surveyor.

HEALTH DEPARTMENT,  
6, SALOP ROAD,  
OSWESTRY.

April, 1938.

**To the Mayor, Aldermen and Burgesses of the Borough of Oswestry.**

I have the honour to submit my Annual Report for 1937.

The records for 1937 are on the whole satisfactory but there are some sombre tones among them. While the births more than maintain the increase noted last year, the number of deaths was the highest for some years, but since over one-third of these deaths occurred in persons over 75 years of age it seems that the heavier toll has been taken of those whose lives had already extended beyond the average span ; this would also account for the increased number of deaths due to Heart Disease ; actually there were fewer deaths among those under 70.

The most disconcerting figure is the comparatively large one for infant deaths. There were the usual number due to ante-natal conditions, for five of the thirteen babies died before they were a week old, but six others died of Pneumonia when a few months old, which would suggest that despite the advance of knowledge there is not sufficient appreciation of the dangers of the baby being kept too warm and of living under conditions of insufficient ventilation and fresh air. Both the Tuberculosis and Cancer figures show a reduction and there was a marked decrease in Infectious Diseases, especially in Diphtheria and Scarlet Fever, and so we are justified in saying that there is more on the credit than on the debit side.

The work accomplished by the department continues to increase, much of this falling upon the shoulders of Mr. Isaac, whose zeal is fortunately insuppressible. His collaboration in compiling this report and throughout the year has been invaluable.

I would express my thanks to the Chairman, Councillor Stone, for his support and interest in the work of the department and to the members of the Health Committee for their constant consideration, and to my colleagues in other departments is due my gratitude for their co-operation at all times.

I am, your obedient Servant,

L. WILSON EVANS.



### GENERAL STATISTICS.

Area .....	2,180 Acres.
Population (Census 1921) .....	9,785
(Census 1931) .....	9,754
Estimated Population to the middle of 1937 .....	9,778
Number of Inhabited Houses according to Rate Books at end of 1937 .....	2,878
Number of Inhabited Houses (1931 Census) .....	2,522
Number of Families or Separate Occupiers (1931) .....	2,580
Rateable Value .....	£73,545
Sum represented by a Penny Rate .....	£287/11/6

<i>Year.</i>	<i>Births.</i>	<i>Deaths.</i>	<i>Excess of births over deaths.</i>
1927.....	163	127	36
1928.....	145	118	27
1929.....	159	153	6
1930.....	150	153	3*
1931.....	149	149	Nil
1932.....	142	138	4
1933.....	150	124	26
1934.....	125	141	16*
1935.....	125	128	3*
1936.....	148	143	5
1937.....	149	156	7*

\* Excess of deaths over births.

### Public Health Staff.

Name.	Qualifications	Office held.	Whole or Part Time.	Salary contributed to under P.H.A. or by Exchequer.	Other Public Office.
L. Wilson Evans,	M.B., B.S., L.R.C.P., M.R.C.S., D.P.H.	Medical Officer of Health	Part	Yes.	M.O.H. Oswestry R.D.C., Asst. M.O.H. Salop County Council.
H. T. Isaac	M.S.I.A., C.M.I.	Sanitary Inspector	Whole	Yes	Inspector under the Shops Act and Petro- leum Acts.
J. M. Roberts		Clerk	Whole	No	

## Summary of Statistics for 1934, 1935, 1936 and 1937.

	1934.	1935.	1936.	1937.
Area of District in acres .....	2,180	2,180	2,180	2,180
Estimated population for Birth and Death rate .....	10,012	9,961	9,890	9,778
No. of inhabited houses	2,800	2,826	2,847	2,878
No. of persons per house.....	3.60	3.55	3.47	3.39
Rateable value of houses .....	£70,913	£72,106 0 0	£72,250 0 0	£73,545 0 0
Sum represented by penny rate ...	£283 9 3	£291 5 3	£293 0 8	£287 11 6
Number of marriages .....	132	118	135	139
Number of births .....	125	125	148	149
Birth rate .....	12.4	12.5	14.9	15.2
Birth rate for England and Wales .....	14.8	14.7	14.8	14.9
Number of deaths of residents .....	142	128	143	156.
Death rate .....	14.0	12.8	14.4	15.9
Death rate for England and Wales .....	11.8	11.7	12.1	12.4
Number of deaths under one year of age .....	8	3	6	12
Infant mortality per 1,000 births .....	64	24	40	81
Infant mortality for England and Wales .....	59	57	59	58
Total deaths from diarrhoea (under two years of age) ...	0	1	1	0
Number of deaths from all forms of Tuberculosis .....	14	7	10	9
Number of deaths from cancer	18	21	23	19
Number of deaths from heart disease .....	39	31	47	51
Rainfall ..... ins.	31.21	35.60	36.03	32.05

## SOCIAL CONDITIONS

(including the chief occupations of the inhabitants, and the influence of any particular occupation on Public Health).

The chief industries in the Borough are those of the Great Western Railway Company, and the Building industry. The former employs about 650 men, about 550 of whom reside in the Borough, and the latter about 100. In close proximity to the Town are collieries employing 1,200 men, and quarries 220 men, but only a small proportion of those employed in these industries live in the Borough.

The unemployment figures for men, since March of 1934, show a progressive decrease, the number of unemployed men, March, 1938, being 56 per cent. fewer than 1934.

The following are the comparative figures :—

	<i>Men.</i>	<i>Women.</i>	<i>Juveniles.</i>	<i>Total.</i>
16/3/34 .....	929	54	43	1026
18/3/35 .....	802	79	59	940
19/3/36 .....	796	66	48	910
15/3/37 .....	616	54	37	707
14/3/38 .....	409	24	27	460

Included in the total are about 180 residing outside the Borough.

### EXTRACTS FROM VITAL STATISTICS FOR THE YEAR.

	<i>Total.</i>	<i>Male.</i>	<i>Female.</i>
Live Births—Legitimate ... ..	142	69	73
Illegitimate ... ..	7	2	5
	<hr/>	<hr/>	<hr/>
Total	149	71	78
Birth Rate .....	15.2.		
Birth Rate for Oswestry Rural District	13.2.		
Birth Rate for England and Wales—	14.9.		

	<i>Total.</i>	<i>Male.</i>	<i>Female.</i>
Deaths ... ..	156	85	71
Death Rate .....	corrected 13.8.		
	..... uncorrected 15.9.		
Rural District .....	corrected 10.8.		
Death Rate for England and Wales	12.5.		
Number of women dying in, or in consequence of, childbirth—			
From Sepsis ... ..	...	...	1
From other causes	...	...	Nil
Maternity Mortality Rate per 1,000 live births .....			4.80
Maternal Mortality for England and Wales per 1,000			
live births ... ..	...	...	3.23
Deaths of Infants under one year of age—			
Legitimate, M.5, F.6, 11 ; Illegitimate, M.0, F.1 ;	Total 12.		
Stillbirths—Legitimate, M.4, F.2 ; Illegitimate, 0 ;	Total, 6.		
Deaths of Infants under one years of age.			
All infants per 1,000 live births ... ..			81
Legitimate Infants per 1,000 legitimate live births			77
Illegitimate Infants per 1,000 illegitimate live births			143
Rural District ... ..			44
For England and Wales			58
Deaths from Cancer (all ages)			19
,, from Measles (all ages)			Nil
,, Whooping Cough (all ages)			2
,, Diarrhoea (under two years of age)			0
,,           ,, (over two years of age)			0



The following gives the number of deaths from the various causes supplied by the Registrar General :—

	<i>Male.</i>	<i>Female.</i>
Measles .....	0	0
Whooping Cough .....	1	1
Diphtheria .....	0	0
Scarlet Fever.....	0	0
Influenza .....	2	1
Tuberculosis of Respiratory System .....	5	4
Other Tuberculous Diseases .....	0	0
Syphilis .....	0	0
General Paralysis of the Insane, Tabes Dorsalis .....	0	0
Senility .....	0	1
Cancer, Malignant Disease .....	6	13
Diabetes .....	1	0
Cerebral Haemorrhage, etc. ....	10	5
Heart Disease .....	35	16
Other Circulatory Diseases.....	4	2
Bronchitis .....	1	2
Pneumonia (all forms) .....	2	4
Other Respiratory Diseases .....	0	1
Peptic Ulcer .....	0	0
Diarrhoea, etc. (under 2 years) .....	0	0
Cirrhosis of the Liver .....	1	0
Appendicitis .....	0	0
Other digestive Diseases .....	2	0
Acute and Chronic Nephritis .....	1	1
Puerperal Sepsis .....	0	1
Congenital Debility, Premature Birth, Malforma- tions, etc. ....	2	3
Suicide .....	1	0
Other Violence .....	1	3
Other Defined Diseases .....	10	13
Ill-defined Causes .....	0	0
	85	71
Total .....	156	

#### DEATHS, ACCORDING TO AGES.

Ages.	M.	F.	Total. Both Sexes.
Under 1 year .....	5	7	12
1—5.....	—	2	2
5—10 .....	1	—	1
10—15.....	—	1	1
15—20.....	1	1	2
20—25.....	3	1	4
25—30.....	1	—	1
30—35.....	1	3	4
35—45.....	—	3	3
45—55.....	8	6	14
55—65.....	14	6	20
65—75.....	19	19	38
75—85.....	26	20	46
Over 85 .....	2	5	7
Totals .....	81	74	155

**BIRTH RATES, INFECTIOUS DISEASE, INCIDENCE, GENERAL AND INFANT MORTALITY RATES  
FOR WARDS**

Ward.	Population	No. of Persons per Acre.	No. of Persons per Room.	Total Births.	Birth Rate.	Notification of infec- tious Disease per 1,000 pop. (Dip.S.F. Pneum.)	Total Cases	Notification of Tuber- culosis. per 1,000	Total Deaths.	Infant Mortality.	Total Deaths.	Death Rate.
Castle .....	1714	30.6	0.83	28	16.3	2	5	2.9	1	36	14	8.1
Central.....	1171	24.4	0.74	15	12.8	3	3	2.5	2	133	24	10.5
East .....	1192	2.7	0.71	14	11.7	4	3	2.4	1	71	19	15.9
North .....	2692	25.6	0.89	54	20.1	24	6	2.2	2	37	42	15.6
South .....	1379	2.8	0.57	20	14.5	5	1	0.72	2	100	25	18.1
West .....	1606	2.2	0.62	12	7.5	10	3	1.8	4	333	31	19.3
Borough	9754	5.2	0.73	143	14.7	48	21	2.2 (1936) E.W. 1.3	12	81	155	15.9

The figures of population used for the above rates are those of the Census 1931, before the extension of the boundaries.

**TABLE 1.**  
**Infant Mortality. Comparative Figures.**

	<i>England and Wales.</i>	<i>Shropshire.</i>	<i>Oswestry.</i>	<i>Dawley.</i>	<i>Oakengates.</i>	<i>Wellington.</i>	<i>Wenlock.</i>
1927	70	48	36	37	74	57	21
28	65	58	34	34	54	72	80
29	74	65	69	88	68	47	85
30	60	57	66	38	83	60	50
31	66	51	46	37	10	31	51
32	65	61	63	55	42	56	75
33	64	54	60	39	47	39	108
34	59	57	63	34	75	13	41
35	57	46	24	32	47	25	60
36	59	52	40	95	92	62	40
Annual Average for ten years	63.9	54.9	50.2	48.9	59.2	46.2	61.1

Annual Average for the five districts, 53.1

**TABLE 2**  
**Death Rate for five urban districts over a period of ten years.**

	<i>England and Wales.</i>	<i>Shropshire.</i>	<i>Oswestry.</i>	<i>Dawley.</i>	<i>Oakengates</i>	<i>Wellington.</i>	<i>Wenlock.</i>
Popula- tion Cen- sus 1921	37,886,699	244,062	9,785	7,388	11,349	8,146	13,714
1927	12.6	12.7	12.6	10.1	13.6	12.1	13.4
28	11.7	12.0	12.4	8.9	10.6	10.0	13.2
29	13.4	13.8	15.7	15.7	11.9	16.2	15.4
30	11.4	12.1	15.6	9.5	12.7	10.5	17.2
Popula- tion Cen- sus 1931.	39,947,931	244,156	9,754	7,359	11,190	8,186	14,149
1931	12.3	12.7	15.2	12.7	9.7	13.1	15.8
32	12.0	13.1	13.9	12.0	15.2	11.2	15.5
33	12.3	13.1	12.4	13.8	12.7	12.9	15.9
34	11.8	12.9	14.2	11.2	13.2	11.6	12.1
35	11.7	11.8	12.9	10.8	11.5	10.5	13.6
36	12.1	13.2	14.5	13.1	11.5	11.1	13.4
Annual Average for ten years	12.1	12.7	13.9	11.9	12.2	11.9	14.5

Annual Average for the five districts, 12.9

Birth Rate for five urban districts over a period of ten years.

	<i>England and Wales.</i>	<i>Shropshire.</i>	<i>Oswestry.</i>	<i>Dawley.</i>	<i>Oakengates.</i>	<i>Wellington.</i>	<i>Wenlock.</i>
Popula- tion Cen- sus 1921	39,886,699	244,062	9,785	7,388	11,349	8,146	13,714
1927	16.7	17.0	16.2	18.5	16.3	12.8	17.0
28	16.7	16.8	15.2	19.5	17.7	16.1	17.7
29	16.3	16.8	16.3	15.4	19.3	17.4	15.3
30	16.3	16.7	15.3	17.4	16.8	15.3	14.6
Popula- tion 1931	39,947,931	244,156	9,754	7,359	11,190	8,186	14,149
31	15.8	16.1	15.2	18.4	16.4	14.8	16.8
32	15.3	15.4	14.3	14.7	14.6	15.9	18.0
33	14.4	15.0	15.1	17.5	13.3	13.8	14.7
34	14.8	15.2	12.5	15.2	15.6	15.2	15.9
35	14.7	14.2	12.5	16.1	13.4	12.3	16.9
36	14.8	15.1	14.9	15.2	12.0	14.9	16.3
Annual Average for ten years	15.6	15.8	14.8	16.8	15.5	14.9	16.3

Annual Average for five districts, 15.7.

**TABLE 3.**  
Cancer death rate per 1,000 population.

<i>Year.</i>	<i>England and Wales.</i>	<i>County of Salop.</i>	<i>Oswestry.</i>
1925	1.33	1.44	1.80
1926	1.36	1.47	2.19
1927	1.37	1.64	1.78
1928	1.42	1.55	2.09
1929	1.44	1.58	1.44
1930	1.45	1.45	2.56
1931	1.48	1.67	1.33
1932	1.51	1.60	2.11
1933	1.54	1.57	1.61
1934	1.56	1.86	1.79
1935	1.44	1.73	2.15
1936	1.62	1.69	2.33
Average over a period of 12 years	1.46	1.60	1.93
1937	not available	not available	1.94



# CANCER.

Part affected.	All Ages			0—30		30—40		40—50		50—60		60—65		65—70		70—75		75—80		80 & over.	
	M F			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Buccal Cavity and Pharynx	—	1		—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—
Digestive Organs and Peritoneum	4	6		—	—	—	—	1	—	1	1	—	—	2	3	1	—	2	—	—	—
Respiratory Organs	1	—		—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Uterus	—	—		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Breast	—	4		—	—	—	—	—	1	1	1	—	—	1	—	—	—	1	—	—	—
Other or unspecified organs	—	2		—	—	—	—	—	—	1	1	—	—	—	—	1	—	—	—	—	—
Total	5	13		—	—	—	—	1	1	4	1	—	—	3	3	2	—	3	—	—	—

## GENERAL PROVISION OF HEALTH SERVICES.

*Summary (for reference) of Nursing Arrangements, Hospitals and other Institutions.*

### (A) Maternity.

The scheme under the Midwives Act, 1936, came into force in July. Under this scheme there are three wholetime midwives for Oswestry and certain areas adjacent, in Morda, Whittington and Pantglas. One of the nurses resides in Whittington. The scheme is being administered in the area by the Oswestry and District Jubilee Maternity and General Nursing Association.

The work and responsibility of this Association has therefore been considerably increased.

A summary of the year's work is given below.

### Summary of Year's Work 1937-1938.

New Cases.	Medical	Surgical	Mid-wifery.	Maternity.	Ante-natal.	General Nursing.	Total.
453	281	105	52	15	605	6,920	8,389

There is also a Local Nursing Association Committee which provides a nurse to visit the homes of the sick ; this nurse is attached to the Cottage Hospital.

The Eure and Smale Charity, of which the Oswestry Town Council constitute the Trustees, provides seven Home-helps, who are locally known as the " Smale's Nurses."

(B) *Homes Registered under the Nursing Homes Registration Act, 1927 :—*

" Rhianva," Queen's Road, Oswestry (for maternity and general).

Nurses' Home, Morda Road, Oswestry (for maternity and other cases).

Oswestry Cottage Hospital (for general cases and an occasional maternity case).

(C) Midwives :—In addition to the three nurses working under the County Council scheme for the Midwives Act, 1936, there are three domiciliary midwives practising in the Borough who are under the County Council Public Health Department.

(D) Clinics and Treatment Centres :—All provided by the County Council.

<i>Name.</i>	<i>Situation.</i>	<i>Nature of Accommodation.</i>	<i>Time when open.</i>
Maternity, Child Welfare	28, Upper Brook Street.	Office. Waiting Room. Weighing Room. Consultation Room	1 p.m. to 4.30 p.m. Wednesdays.
Ante-natal Clinic	"	"	also first Saturday in each month 10 a.m.—12 noon.
School Clinic for Minor Ailments (daily)	30, Upper Brook Street.	Waiting Room. Inspection and Treatment Rooms. Record Office.	Nurse in attendance daily from 9. a.m. to 10 a.m. Medical Officer—Wednesday, 9.30 12 noon.
School Clinic for Dental Treatment.	28 Upper Brook Street.	Waiting Room. Consultation Room	By Arrangement
Tuberculosis Clinic.	30, Upper Brook Street.	Ditto	Fridays, 1.30 to 3 p.m.
After-Care Centre. for Orthopaedic Cases.	32, Upper Brook Street.	Waiting Room. Inspection and Treatment Rooms	Wednesday 1 to 3.15 p.m.

Venereal Diseases :—Provision for treatment by the County Council at :—

- (a) The County Clinic, Belmont, Shrewsbury.
- (b) The Royal Hospital, Wolverhampton
- (c) Arrangements by which girls without homes and suffering from venereal disease can be sent to a Home at Wolverhampton, provided by the Lichfield Diocesan Society, for treatment and training ; provision is also made for treatment for pregnant women suffering from venereal disease.

The School Medical Service and the Child Welfare Centre are utilised for finding out cases of venereal disease, particularly hereditary syphilis, and following them up.

(E) Hospitals provided or supported by the Local Authority or by the County Council.

- (1) General Medical, Surgical and Children. County Council Hospital, Cross Houses, near Shrewsbury.
- (2) Tuberculosis—Shirlett Sanatorium. Prees Heath Sanatorium. The Robert Jones and Agnes Hunt Orthopaedic Hospital, Gobowen (non-pulmonary).



- (3) Maternity—Newport Nursing Home. Lady Forester Hospitals (Broseley and Much Wenlock). County Council Hospital, Cross Houses, near Shrewsbury.
- (4) Children—The County Home for Ailing Babies, Wellington, Oswestry Cottage Hospital (for tonsils and adenoid operations). Shropshire Orthopaedic Hospital.
- (5) Others—Arrangements are made for the admission of unmarried mothers and their children to the Mrs. Legge Memorial Home.

Maternal Mortality—There was one maternal death during the year.

In case of any emergencies which may occur in the course of child birth there is a much greater chance for the mother and child if facilities for treatment in hospital are within easy reach and the provision of beds in the Cottage Hospital for such cases would be a notable step forward in the fight against maternal death and disability which have given cause for much consideration in recent years. It is understood that the General Committee of the Hospital are contemplating the provision of beds for maternity cases and it is a project that deserves strong public support.

Obstetrical Consultant.—In accordance with the recommendation of the Government Committee on Maternal Mortality, the County Council has appointed Dr. Frank H. Edwards, of 14, St. John's Hill, Shrewsbury. (Telephone number : Shrewsbury 2880) as Obstetrical Consultant under the County Council Maternity and Child Welfare Scheme.

Dr. Edwards' services are available for any doctor who desires a second opinion or assistance as a result of a serious complication or emergency arising during pregnancy, parturition, or the puerperium.

This arrangement is applicable to patients resident in the County of Salop, outside the Borough of Shrewsbury,

When the services of the obstetrical consultant are required at the expense of the County Council, application should be made to the County Public Health Office, College Hill House, Shrewsbury, either by telephone (Shrewsbury 3031), or otherwise. If the Office is closed and the case is urgent, application should be made direct to Dr. Edwards.

- (5) (a) Smallpox.—Since 1920 the County Council has undertaken the isolation of smallpox for the whole county, with the exception of Shrewsbury and Wenlock.



This was done by a Special Order of the Ministry of Health. Two Hospitals, situated at Prees Heath, near Whitchurch, and Wellington, were taken over from the Local Authorities, and were put in order for the immediate reception of patients. In the absence of smallpox in the county, the Whitchurch Hospital is used for advanced cases of consumption.

Ludlow Smallpox Hospital was closed in 1935.

(b) Fever—Morda Isolation Hospital, a brick building and a hut situated in the grounds of the Public Assistance Institution, has 23 beds and 2 cots. This provides for the Borough, the Oswestry Rural District, and the Ceiriog Rural District jointly. Medical Officer in attendance: Dr. Marshall. Matron: Miss A. Brammer.

(F.) Laboratory Facilities:—Arrangements are made by the County Council for the free examination of throat swabs, blood for Widal's examination, faeces and cerebro-spinal fluid sent by the Medical Practitioners at the Public Health Laboratory, The University, Birmingham.

#### (G) Ambulance Facilities.

- (1) The Isolation Hospital Joint Committee provides a Motor Ambulance for two stretcher cases and also sitting up cases.

This ambulance is used for the removal of infectious cases only.

- (2) The County Ambulance is available when occasion arises, day or night. Application should be made to the Public Health Department, College Hill House, Shrewsbury, Telephone 3031, or direct to the Ambulance Station, Shrewsbury, Telephone No. 2381.

- (3) The ambulance previously maintained by the V.A.D. Detachment has now been taken over by a joint board composed of representatives of various Local Authorities, Oswestry Rotary Club, St. John's Ambulance Brigade, the V.A.D. and the Police.

The income is assured by the Local Authorities concerned, viz., Oswestry Borough and Rural District Councils, Ellesmere Urban and Rural District Council, Ceiriog Rural and Llanfyllin Rural District Councils.

The ambulance is kept at the Shropshire Orthopaedic

Hospital where a regular service of drivers is available, also owing to the generosity of the Hospital Board the ambulance service can be augmented by the ambulance of the Hospital when required. The ambulance is available for all purposes except infectious diseases.

Application should be made to the Hon. Secretary, Mr. Byron, Orthopaedic Hospital, Telephone No. Oswestry 353, or to the Police, Telephone No. Oswestry 22.

### **ADOPTIVE ACTS, BYELAWS, AND LOCAL REGULATIONS IN THE BOROUGH.**

The following Adoptive Acts, Byelaws, and Local Regulations relating to the Public Health are in force in the District :—

The Infectious Disease (Prevention) Act, 1890.

The Public Health Acts (Amendment) Act, 1890.

The Public Health Acts Amendment Act, 1907 (except Sections 17, 24, 28, 82, 83, 92, 93 and 94).

The Public Health Act, 1925.

Slaughter of Animals Act, 1933, including the application of Section 1 to sheep.

### **NEW LEGISLATION.**

Public Health Act, 1936, which came into operation in October.

#### **SHOPS ACT, 1934.**

Although after the inspection by the Sanitary Inspector and the serving of notices the owners have shown themselves ready to co-operate in obtaining better conditions for their staffs, it is disappointing to note that with a few exceptions no attempt has been made to comply with the requirements of this Act before the inspection, and systematic inspection will be necessary before all shops will attain the necessary standard for the health and comfort of the shop workers. The question of providing suitable and sufficient sanitary conveniences in many cases presents difficulties owing to lack of available space and means of drainage. This involves frequent visits and interviews and, as anticipated, this service, which has been added to the other duties of the Health Department, will still take a long time to complete. It may be said that much has been accomplished during the year and in only one case was it found necessary to serve a statutory notice to enforce the necessary requirements. The Act makes it obligatory to provide suitable and sufficient sanitary conveniences and also requires the provision of suitable and sufficient ventilation and the means to maintain a

reasonable temperature, suitable and sufficient lighting, suitable and sufficient washing facilities and accommodation for meals.

There are shops to be found in the Borough which might well serve as models, and it must be a pleasure for customers to go round these shops and notice the happy and contented appearance of the assistants and to experience the comfortable atmosphere of the buildings.

Thirty-five shops have been inspected and 21 notices served. Over 50 per cent. of those inspected had insufficient sanitary accommodation and equally as many had insufficient washing facilities. It is hoped to give more time to this work now that the housing question has become somewhat eased.

### **BYELAWS.**

Good Rule and Government, and Prevention of Nuisances.

Oswestry Markets and Fairs.

Public Pleasure Grounds.

New Streets and Buildings.

Slaughter Houses.

Common Lodging Houses.

Nuisances, and the Cleansing of Footways and Pavements adjoining any premises, and for imposing on the occupiers of any premises duties in connection with the removal of house refuse, so as to facilitate the work of collection.

Regulation of Offensive Trades.

Public Baths and Public Gymnasium.

Regulations for preventing waste, misuse, undue consumption or the contamination of water.

Houses let-in-lodgings.

As the result of the difficulty of letting the larger sized dwelling-houses, which are lacking in modern conveniences, there is a tendency for these as they become vacant, to be converted into houses let-in-lodgings. The conditions thus created in the matter of overcrowding and lack of proper amenities, caused the question of the adoption of byelaws for such houses to be brought before the Health Committee and the Model Byelaws dealing with them were adopted and came into force on November 1st.

### **SANITARY CONDITIONS OF THE AREA.**

I am indebted to the Borough Surveyor for the following remarks on Water Supply and Sewerage.



*Water Supply.*—The rainfall registered at Penygwely Reservoir for the year was 32.05 inches which is below the average and in consequence it became necessary, owing to the depletion of Water Storage, to fall back upon the supply from the Liverpool supply, which commenced on August 21st, and was discontinued on November 1st, 18,000,000 gallons having then been used from that source. Penygwely Reservoir did not become full until December 6th, which is abnormally late, owing to the moderate rainfall experienced in November, which is usually a wet month.

The average daily consumption of Water for all purposes during the year was equivalent to 32.73 gallons per head of which 11.76 gallons per head was attributable to trade and municipal purposes.

The filtration plant continues to give satisfactory results both from a Chemical and Bacteriological standard and the following is the report of an examination made in June, 1937.

#### CHEMICAL ANALYSIS.

June 9th, 1937.

*Appearance.*—The sample was clear, faintly yellow and odourless. It contained only a minute trace of deposit which consisted of hydrated oxide of iron, vegetable debris and particles of siliceous matter.

	Unfiltered.	Filtered.
Total solid matter in solution, parts per 100,000	4.96	4.94
Oxygen required to oxidise in 15 minutes	0.086	0.076
Oxygen required to oxidise in 3 hours	0.155	0.135
Ammonia	0.003	0.001
Ammonia from organic matter	0.007	0.005
Nitrogen as Nitrates	None	None
Nitrogen as <del>Nitrites</del> <i>Nitrates</i>	None	None
Combined Chlorine	0.90	0.90
Total Hardness	1.80	1.80

Remarks—Re-action to Litmus—Neutral—Ph. Value 6.9 and 6.8.

The water is a good soft upland surface water, well suited for drinking and all domestic purposes.

(Signed) W. H. ROBERTS, M.Sc., F.I.C.

#### BACTERIOLOGICAL EXAMINATION.

	Unfiltered.	Filtered.
B Coli. Absent in 20 c.c. Present in 30 c.c.		Absent in 100c.cs.
No. of Bacteria on Agar at 37° C. 98 per c.c.		40 per 1 c.c.
No. of Bacteria on Agar at 22° C. 239 per c.c.		157 per 1 c.c.

Remarks—Bacteriologically this sample is quite satisfactory.

*Swimming Baths.*—Owing to difficulties experienced in negotiating the purchase of land adjacent to the Baths for the purpose of extension, the Scheme for Enlarging and Modernising the present Baths has been held up and meanwhile the Council has under consideration a Scheme for entirely New Baths on a nearby site which will provide both an Open Air and a Covered-in Bath, and



the conversion of the present Baths into a permanent Gymnasium in connection with the Physical Fitness proposals of the Government, for which a grant in aid is being sought, and on the sufficiency of which the carrying out of this Scheme will depend.

### **SEWERAGE AND SEWAGE DISPOSAL.**

The Banky Field Housing Estate has been partially developed and Sewers laid for 25 houses now in course of erection, and it is the intention of the Council to proceed with the remainder of the site on which a further 18 houses will be built. Another area of land adjacent to the Llwyn Farm Estate has also been purchased, on which it is proposed to erect 12 houses, the Sewer for these having already been provided in connection with the Flats erected by the Oswestry Housing Trust.

Other developments have taken place on land on which the Sewers have been laid by the Owners.

The treatment of the Sewage by Tank Settlement, Filtration and Land Irrigation has been carried out without any complaint having arisen, but the use made of the effluent during the winter months, by Farmers holding land in the vicinity, still continues on a much smaller scale than obtained in past years.

### **SCAVENGING.**

The controlled tipping of house refuse on the Llwyn Farm land came to an end on July 31st, 1937, and the surface is now almost entirely covered with a deep layer of soil and eventually this will form part of a Playing and Recreation Ground.

Owing to the impossibility of obtaining, either within the Borough or in near proximity, any low lying site suitable for filling up, an area of land in the Red House Field not used for Sewage Disposal purposes adjacent to the old tip has been taken over for tipping purposes and the refuse is being covered over with the old material whereby the height of the old tip is being considerably diminished. This tipping ground is not subject to trespass, as was the case on the Llwyn Farm, there being only two or three cottages in the neighbourhood, and those a considerable distance away.

G. WILLIAM LACEY,  
*Borough and Water Engineer.*

February 10th, 1938.

### **SWIMMING BATH.**

During the 1937 Season further measures were taken to purify the Bath Water by the addition of a large volume of Chloros Solution.

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Although the water was treated with Cloros throughout the season, samples taken in June and July did not show the condition of the water to be that usually considered to be a safe standard of purity for swimming bath water. This is shown by the reports of the analyst given below.

June 10th, 1937.

Number of organisms per c.c. developed on Agar during  
48 hours at 37°C (average count of 5 plates) 224,000  
Organisms of the Coli group were present in 50, 25 and 20 c.cs.

July 12th, 1937.

Number of organisms on Agar ..... 89,600

Organisms of the Coli group were present in concentrations of over 10 c.cs.

It is to be hoped that the plans, at least in regard to an improved covered-in bath, will materialise without much further delay.

### *Eradication of Bed Bugs.*

- |      |   |                    |    |
|------|---|--------------------|----|
| I.   | 1. Number found to be infested  | (a) Council Houses | 4  |
|      |   | (b) Other Houses   | 26 |
|      | 2. Number disinfested .....   | (a) Council Houses | 4  |
|      |   | (b) Other Houses   | 16 |
| II.  | Methods employed for freeing infested houses :—Fumigation with Fumoids has been employed.   |                    |    |
| III. | Methods employed for ensuring that the belongings of tenants are free from vermin before removal to Council Houses :—                         |                    |    |
|      | (a) Houses are sealed and whole belongings subjected to as high as possible a concentration of Fumoids for 6 to 8 hours.                      |                    |    |
|      | (b) All dilapidated upholstered furniture and mattresses were burned and such articles known to be infested and practically useless.          |                    |    |
| IV.  | Whether the work of disinfestation is carried out by the Local Authority or by a contractor :—  |                    |    |
|      | By the Local Authority under the supervision of the Sanitary Inspector.   |                    |    |
| V.   | The measures taken by way of supervision or education of tenants to prevent infestation or re-infestation after cleansing :—                  |                    |    |
|      | They are advised to report the first evidence of any infestation and against the purchase of second-hand upholstered furniture or mattresses. |                    |    |

*Closet Accommodation.*—There has been no conversion to Water Closets during the year. Of the two dozen earth closets there are half a dozen within a reasonable distance of the sewer not converted.

Sanitary Administration (a)—Particulars of visits and inspections made by the Sanitary Inspector during the year are given in the following table :—

Nuisances	...	...	...	...	...	202
Common Lodging House	...	...	...	...	...	64
Infectious Disease. Visits in connection with removal and disinfection, etc.	...	...	...	...	...	98
Dairies, Cowsheds and Milkshops	...	...	...	...	...	79
Factory and Workshops Acts	...	...	...	...	...	60
House to House Inspections	...	...	...	...	...	218
Work in Progress	...	...	...	...	...	293
Slaughterhouses (including the Smithfield)	...	...	...	...	...	1325
Schools and Public Buildings	...	...	...	...	...	15
Food—Preparing Places	...	...	...	...	...	72
Provision of Ashbins	...	...	...	...	...	181
Bakehouses	...	...	...	...	...	32
Public Conveniences	...	...	...	...	...	45
Smoke Abatement	...	...	...	...	...	78
Rats and Mice Destruction Act	.....	.....	.....	.....	.....	94
Fried-fish Shops	.....	.....	.....	.....	.....	11
Manufacture of Ice Cream	...	...	...	...	...	17
Total						2884

The following Table shows the number of Notices served and complied with :—

<i>Statute or Byelaw.</i>	<i>Notices not complied with at end of 1936.</i>	<i>Notices served 1937.</i>		<i>Complied with 1937.</i>	<i>Notices not complied with at end of 1937.</i>
		<i>Preliminary.</i>	<i>Statutory.</i>		
Public Health Acts	11	108	6	128	7
Factory and Workshops Act	—	10	—	10	—
Borough Byelaws	—	20	—	20	—
Regulations under Dairies, Cow Sheds, and Milk Shops Order ...	—	2	—	2	—
	11	140	6	160	7
146					



In addition to the above notices, 241 letters were written by the Inspector and 19 Reports made to other Departments.

There were 160 complaints investigated.

*Nuisances (including Drainage Defects).*

Drainage

Defective Drainage repaired or relaid	...	...	44
Obstructed Drains opened and cleansed	...	...	16
Glazed stoneware gully traps fixed	...	...	35
Drains removed from inside or underneath houses			1
Intercepting traps fixed	...	...	9
Inspection Chambers constructed and repaired			18
Ventilating Shafts fixed or repaired	...	...	9

Water Closets, Privies and Urinals :

Obstructions to W.C.'s removed	...	...	31
Dirty Basins of W.C.'s cleansed by occupier	...		19
W.C.'s repaired or erected	...	...	43
Flushing Cisterns repaired or renewed	...	...	27
Urinals re-constructed	...	...	2
Urinals repaired and cleansed	...	...	3

Dwelling Houses, etc.:

Dilapidated and dirty houses repaired and cleansed...			17
Houses cleansed after infection	...	...	11
Verminous Houses dealt with	...	...	27

Keeping of Animals and Manure :

Nuisances from Poultry and Animals abated	...		14
Accumulations of manure and refuse removed	...		19
Manure and refuse pits abolished	...	...	1

PREMISES AND OCCUPATIONS CONTROLLED BY BYELAWS.

There are two tanneries and one chandlery in the Borough. The latter has removed its premises from English Walls to Coney Green. An up-to-date apparatus is being installed to take the place of the present method for fat melting and it is to be hoped that the new method will prevent offensive smells, or, at least, reduce them to the very minimum that it is possible to attain.

There is one registered common lodging-house and three Houses Let-in-Lodgings in the Borough. The lodging-house situated in Orchard-street is frequently visited at various periods of the day and night, and the conduct and state has been found to be fairly satisfactory. Of the three Houses Let-in-lodgings, none are satisfactory from the standpoint of sanitary conditions or essential amenities.



This matter has received much attention by the Council and the enforcement of the new Byelaws which came into force recently, will help considerably in putting these dwellings on a proper footing.

There are a number of cases of bad over-crowding such as families living in one room, which it is hoped will be dealt with under the measures taken to relieve overcrowding under the Housing Act.

*Smoke Abatement.*—Two factory chimneys were removed from the centre of the town during the year, leaving only two which may be termed large chimney stacks still functioning.

Observations made show that the smaller class of factory chimney is not altogether satisfactorily controlled, resulting in unnecessary pollution of the atmosphere. Notices and verbal warnings were given where such conditions prevailed.

In every case it was observed that after the service of a notice the nuisance ceased and for a time there was no cause for complaint, which demonstrates that much of the excessive emission of smoke is unnecessary and could be avoided by constant care and supervision. In some cases satisfactory explanations were given, but in others there was evidence of a certain amount of slackness in attending to the furnaces.

It has been observed how much haze sometimes hangs over the town. With more effort to minimise the emission of smoke both by works and domestic users, this should not be noticeable.

Four prosecutions were brought by the police for the firing of domestic chimneys and it is hoped that this action will have a salutary effect on an avoidable method of polluting the atmosphere.

# MAGESTERIAL PROCEEDINGS DURING THE YEAR 1937.

No. of Summonses.	Statute under which proceedings were instituted.	Offence.	Fines.	Remarks.
1	Public Health Act	The keeping of dogs so as to be a nuisance.	Costs 4/-	The defendant was ordered to abate the nuisance within seven days and had to pay costs.
1	Public Health Act	Failing to obey the Magistrate's Order to abate a nuisance arising from the keeping of dogs so as to be a nuisance.	10/-	The defendant was ordered to abate the nuisance and was warned that a more serious view would be taken if there was a recurrence.
2	Public Health Act	Depositing in preparation for sale, 4 rabbits which were unwholesome and unsound for human food. Obstructing Inspector whilst in the execution of his duties	£1	The case with reference to the exposure of the rabbits was dismissed.  The defendant was fined £1 for the obstruction.

## FACTORIES, WORKSHOPS, AND WORKPLACES.

1. Inspection of Factories, Workshops and Workplaces, including Inspections made by the Sanitary Inspector.

<i>Premises.</i>	<i>Number of</i>		
	<i>Inspections.</i>	<i>Written Notices.</i>	<i>Occupiers Prosecuted.</i>
Factories .....	12	1	...
Workshops .....	45	9	...
Workplaces (other than Out-workers' Premises) .....	3	...	...
	60	10	...

2. Defects, found in Factories, Workshops and Workplaces.

PARTICULARS.	Number of Defects.			Number of offences in respect to which Prosecutions were instituted.
	Found	Remedied.	Referred to H.M. Inspector.	
Nuisances under the Public Health Acts :—				
Want of Cleanliness ... ..	7	7	...	...
Want of Ventilation ... ..	...	...	...	...
Overcrowding ... ..	...	...	...	...
Want of Drainage to Floors ...	1	...	...	...
Other Nuisances... ..	1	1	...	...
Sanitary Accommodation :—				
Insufficient ... ..	...	...	...	...
Unsuitable or Defective ...	...	...	...	...
Not Separate for Sexes ...	1	...	...	...
Offences under the Factory and Workshops Act—				
Illegal Occupation of Underground Bakehouse (S. 101) ...	...	...	...	...
Other Offences—Excluding offences relating to Outwork, and offences under the Sections mentioned in the Schedule to the Ministry of Health Factories and Workshops (Transfer of Powers) Order, 1921 ... ..	...	...	...	...
Total ... ..	10	8	...	



### SCHOOLS.

There was no serious epidemic of Infectious Disease during the year.

There were cases of Chicken Pox, Measles, Whooping Cough and Mumps, but no extensive outbreak. The number notified as absent from Influenza and Colds was rather larger than last year.

The Milk Marketing Board's Scheme for supplying milk to school children came into operation during last year and the following figures show the proportion of children having the milk at the end of the year.

	<i>No. on Register.</i>	<i>Having Milk.</i>	<i>Per- centage.</i>	<i>Free Milk.</i>	<i>Per- centage.</i>
Senior Boys' School	148	60	40%	9	6%
Senior Girls' School	138	58	42%	11	8%
Council Infants' School	97	92	95%	9	9%
Trinity Junior School	166	100	60%	27	16%
Trinity Infants' School	91	65	71%	10	11%
C. of E. Infants	117	91	76%	6	5%
Roman Catholic School	79	46	58%	6	8%
C. of E. Junior School	328	105	32%	18	5%
Totals .....	1,164	617	67%	96	8%

The percentage of children having milk is approximately 67 per cent., while the average for the country as a whole is 49 per cent.

There was a considerable increase in the number of children who were taking advantage of the milk scheme, 67 per cent. as against 50 per cent. last year.

The milk now supplied to the schools is from Tuberculin Tested cows, which is an added safeguard.

The large proportion of children in the infants' schools having milk is very gratifying and one would like to see them all attaining the figure of 95 per cent. as in the case in the Council Infants' School.

Reports were made to the Education Authority during the year on the unsatisfactory sanitary condition and playground of the Roman Catholic School and on the insufficient sanitary accommodation at the C. of E. Junior School. The erection of the new Junior School on the Llwyn Estate is approaching completion. This, it is understood, will replace the present Trinity and Council Infants' Schools. There is also the prospect of a new Senior School at the other end of the Borough in the near future.

The distribution of notifiable infectious disease in the elementary schools during the year was as follows:—



*No. on Register.*

305	Infants' Schools	.....	.....	.....	.....	8
494	Junior Schools	.....	.....	.....	.....	14
286	Senior Schools	.....	.....	.....	.....	2
						<hr/> 24

*No. on Register.*

445	C. of E. Schools	...	...	...	...	7
257	Trinity Schools	...	...	...	...	5
79	R.C. School	...	...	...	...	6
383	Council Schools	...	...	...	...	6
						<hr/> 24

	Chicken Pox	Whooping Cough	German Measles	Measles	Mumps	Influenza and Colds	Total
Senior Schools	2	—	8	12	12	40	74
Roman Catholic	—	2	6	1	—	10	19
C. of E. Junior	14	—	55	4	12	165	250
C. of E. Infants	4	—	9	31	16	133	193
Trinity Mixed	12	—	8	8	25	—	53
Trinity Infants	11	3	2	20	11	1	48
Council Infants	4	—	2	90	2	9	107
Totals .....	47	5	90	166	78	358	744

**HEALTH EDUCATION.**

*Report of Health Week.*—Health Week was held from November 15th to 20th. There was a public film display at the Playhouse on Wednesday, November 17th. The programme was made known by advertisement in the local press, posters displayed throughout the Borough and District, notices distributed through the secondary and elementary schools to all parents; announcements were also made in the Churches and Chapels. A good audience attended; estimated at about 200. The films dealt with the prevention of the spread of infectious disease, especially in relation to colds, and with activities in schools from infants upwards, showing how children were being prepared to take their place in a world demanding higher standards. A talk was also given by Mr. R. E. Roper. The rest of the week's programme was devoted to lectures and demonstrations to all the secondary and elementary schools in the town and district, comprising some 3,000 children. These were given

by Mr. R. E. Roper, who is on the Central Council for Recreative Physical Training. Four lectures were given every day, from Monday to Friday, each taking about an hour. The subject of the lectures was "Live your exercises," they dealt with physical education, and stressed the joy of keeping well; the importance of posture and proper breathing; the prevention of colds; how the muscles work, illustrated by exercises; sleep; good walking, and the need for adequate sleep. The lecturer demonstrated a number of simple exercises to encourage correct breathing, good carriage and proper use of muscles. He also dealt with the importance of relaxation. The children were very interested in the lectures and they and the teachers should derive considerable benefit from them. Films illustrating physical training in schools were shown to about 1,000 children during the week.

The week was finished with a display of films for teachers. These illustrated the Board of Education's syllabus of exercises for children in elementary schools. They included not only typical lessons and games periods but also a detailed analysis of individual movements by means of slow motion photography and close-up. These films were of great value in stimulating the interest of teachers and encouraging them to pay greater attention to physical training. A number of teachers attended not only from the Oswestry area but also from districts outside. Essays on the subject of the lectures were written by children of 21 schools. All these schools were visited by the Mayor, members of the Health Week Committee, and the Medical Officer of Health, who gave addresses to the children, the Mayor presenting the prizes and certificates.

## HOUSING.

### (1) Housing Statistics for the year 1937.

Number of New Houses erected during the year :—

(a) Total (including numbers given separately under (b))	73
(i) By the Local Authority ... ..	0
(ii) By other Local Authorities ... ..	0
(iii) By other bodies and persons ... ..	47
(b) With State assistance under the Housing Acts :	
(i) By the Local Authority ... ..	26
(a) For the purpose of Part II of the Act of 1925	0

### 1. *Inspection of Dwelling-houses during the Year :—*

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... ..	141
(b) Number of inspections made for the purpose	393

(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	...	...	...	32
(b) Number of inspections made for the purpose				59
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation...				11
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	...	...	...	49
2. <i>Remedy of Defects during the Year without Service of formal Notices :—</i>				
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	...	...		nil
3. <i>Action under Statutory Powers during the Year :—</i>				
A.—Proceedings under sections 9, 10 and 16 of the Housing Act, 1936 :				
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	...			25
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—				
(a) By owners	...	...	...	25
(b) By local authority in default of owners				Nil
B.—Proceedings under Public Health Acts :				
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	...	...	...	11
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—				
(a) By owners	...	...	...	11
(b) By local authority in default of owners	...	...	...	nil
C.—Proceedings under sections 11 and 13 of the Housing Act, 1936 :				
(1) Number of dwelling-houses in respect of which Demolition Orders were made	...	...		17



(2) Number of dwelling-houses demolished in pursuance of Demolition Orders ... ..	27
D.—Proceedings under section 12 of the Housing Act, 1936 :	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ... ..	nil
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ... ..	nil

### Slum Clearance Programme, 1934—1938.

The position of the Slum Clearance Programme at the end of 1937.

(a) No. of houses in respect of which Demolition Orders were made .....	91
(i) Number already demolished .....	37
(ii) Number not yet demolished .....	54
(b) No. of houses in respect of which undertakings that they will not be used for human habitation were accepted .....	16
(i) Of these the number empty is .....	14
(ii) Number still occupied .....	2
(c) The number in respect of which undertakings to convert two into one were accepted .....	38
(i) Number where conversion is completed .....	26
(ii) Number not yet completed .....	12
(d) The number in respect of which plans for reconditioning were accepted .....	28
(i) Number where reconditioning is completed .....	14
(ii) Number not completed .....	14
	<hr/>
	Total 173

### PROGRESS DURING 1937.

Number of Houses demolished during 1937 .....	18
Number of houses where conversion was completed .....	10
Number of families rehoused .....	8
Number of persons rehoused .....	48
Number of persons not yet rehoused .....	105
Number of families not rehoused .....	38



Number of families provided for by converted houses .....	1
Number of families who have found other accommodation .....	13
HOUSES DEALT WITH IN ADDITION TO THE PROGRAMME.	
Demolition Orders made .....	Nil
Undertakings accepted .....	3
Back-to-back Houses to be converted into one	2

There has been some delay in the completion of the demolition of the houses owing to the fact that many of them are still occupied by single people or in some cases elderly couples and the accommodation in the town being so limited and little alternative accommodation having been provided for them, the problem of getting them removed from the condemned houses which they occupy is a very difficult one. In this direction some useful work has been done by the Oswestry Housing Trust which, despite the limited accommodation at its disposal, has provided for some of these people.

It had been hoped that there would be accommodation available for these tenants in the houses vacated by overcrowded families, who had been moved into new houses, but unfortunately this has been rather frustrated, owing to the considerable increase of rents which is taking place after vacation of these houses, thus rendering them beyond the means of the poorer people.

There are also about nine families who are waiting for the completion of houses which are being provided by the Council under the Housing Act.

There should be a limit to the time that houses should remain standing after a Demolition Order has become operative.

Not only does the law demand that they should be demolished, since they have been found to be unfit for human habitation, but their continued existence should not be tolerated. It will be noticed in the figures given above that in the case of sixteen houses, undertakings that they should not be used for human habitation were accepted on the presumption that they would be used for store rooms or other purposes, but in effect this measure has resulted in the houses remaining empty and in some cases becoming unsightly, derelict and even dangerous. This suggests that the offer of the undertaking on the part of the owner was for the purpose of saving demolition.

In the case of property where the question of demolition is being considered it would be well, in the interest of the amenities of the town, if undertakings were not accepted unless there was an assurance that the property was going to be properly maintained and was needed for some useful purpose, otherwise demolition orders should be insisted upon.

## 4. HOUSING ACT, 1936, Part IV.—Overcrowding.

(a)	(i)	Number of dwellings overcrowded at the end of the year .....	61
	(ii)	Number of families dwelling therein .....	61
	(iii)	Number of persons dwelling therein .....	399
(b)		Number of new cases of overcrowding reported during the year .....	3
(c)	(i)	Number of cases of overcrowding relieved during the year .....	20
	(ii)	Number of persons concerned in such cases .....	147
(d)		Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding .....	None.

Three cases of overcrowding in houses owned by the Local Authority were relieved during the year and five in the course of slum clearance operations. As the houses which are now being built become completed in 1938, these figures will become considerably augmented.

**INSPECTION AND SUPERVISION OF FOOD.****Milk (Special Designations) Order, 1936.**

Under the above order the following are the special designations for milk.

Pasteurised : Milk which has been heated at 145° F. for 30 minutes to destroy any disease germs.

Any sample must not contain more than 100,000 bacteria. *per m*

Tuberculin Tested : Milk which has come from cows that have passed the Tuberculin Test for freedom from Tuberculosis. Tuberculin Tested Milk may be pasteurised and also if it is bottled on the farm the word "Certified" may be added to its description.

Accredited Milk : Milk which has come from cows which have passed a veterinary inspection but not a test for tuberculosis.

All these milks are periodically tested for cleanliness. The designations shown above are the only ones that are officially recognised.

Samples of Tuberculin Tested and Accredited must contain no coliform bacillus in one-hundredth of a millitre and must satisfy a prescribed methylene blue reduction test for cleanliness.

Mr. Kempster, Old Port, is licensed to produce Tuberculin Tested milk. Mr. Birch Thomas, Smithfield Street, is licensed to



distribute Tuberculin Tested ; this milk is produced on farms situated in the Oswestry Rural District. The Co-operative Stores is also licensed to distribute Tuberculin Tested milk.

### Veterinary Officer's Report.

It is with great pleasure that I submit my report of the dairy herds that supplied our town with milk during 1937, because of the sustained attention paid by the owners to the health and cleanliness of the cows which materially helps to guard against milk-borne infection and increases the consumption of milk—a most valuable and indispensable food.

I wish also to express my appreciation of the efforts made of late years in improving the cow houses to procure better ventilation, more light and improved floors, which tend to promote more vigorous health of the cows, reduction of labour, and the production of clean milk.

Milk samples were taken from all suspicious cases (over 20 samples) and only two samples gave positive results.

~~These~~ cows, one in the Spring and the other two in the Autumn, were condemned and slaughtered under the T.B. Order of 1925, and the post-mortem examination thereon fully confirmed the diagnosis.

Again I wish to emphasise the value of clinical examinations of all milk cows for early detection of dangerous cases—as one of these cows was reported to have passed the T. Test five months before—and in this district the practice has had educational value to the stockowners and in my opinion three or four inspections per annum would give greater security to the consumers of the milk produced.

During the year 1,402 cows were examined, 131 in the Borough and 1,271 in the outlying districts, and they were remarkably free from udder and teat infections, which is probably due to the increase in the value of cows and the instruction imparted through the enforced demands of the laws of Public Health.

RICHARD HUGHES, F.R.C.V.S.

In 1931 the routine sampling of milk for the presence of Tubercle Bacilli as shown by the Biological Test was commenced. In the same period an average of 880 cows supplying milk to the Borough were examined at six monthly intervals by the Veterinary Inspector and the following figures show the results of these examinations.



Year.	Number of Samples taken.	Number showing presence of Tubercle Bacilli.	Number of Cows found to be Tuber- culous at Bi-annual Veterinary Inspection
1931	23	3	3
1932	18	3	1
1933	13	0	1
1934	9	1	1
1935	12	1	1
1936	18	0	0
1937	5	0	3
Total	98	8	10

Pressure of work in other directions prevented a greater number of samples from being taken.

As far as the above figures go it would appear that the chances of finding an infected cow by sampling and by veterinary inspection are about equal.

### Sale of Food and Drugs Act.

Twenty-two samples of milk were taken by the Police during the year in the Urban and Rural Districts of Oswestry. In all cases the retailers were registered in the Borough.

The following information is supplied by the permission of the County Council, the Authority under the Sale of Foods and Drugs Acts :—

The average composition of the samples of milk produced within or brought into the Borough and purchased under the above mentioned Act during the year was :—

Solids (not fat)	.....	.....	.....	8.87
Fat	.....	.....	.....	3.56
Total Solids	.....	.....	.....	<u>12.43</u>

The minimum required by the Sale of Milk Regulations 1901 is Solids (not Fat) 8.5 and Fat 3 per cent.

There was one case in which the milk failed to come up to the standard required by the Sale of Milk Regulations 1901. The analysis showed in one sample 3 per cent. deficiency of fat. There was an appeal to the cow and no further action was taken.

## MILK AND DAIRIES ORDER, 1926.

At the end of the year there were the names of 32 retailers of milk in the Borough, and 40 producers on the Registers. Of the retailers 17 come from outside the Borough, and of the producers 36.

Thirty-eight informal samples of milk were taken and examined by the Sanitary Inspector during the year for fat content, specific gravity and cleanliness. Eight of these samples showed a deficiency in fat and four were not satisfactory as to cleanliness. Three of the samples showing fat deficiency were from one producer and investigation at the farm proved that one cow was giving milk of a particularly low fat content. After the removal of this cow the matter corrected itself. The producer in this case did everything possible to co-operate and gave every facility towards the carrying out of the investigations.

The cow sheds, milk shops and dairies are frequently inspected. On the whole the cowsheds are in good condition and the methods of production are satisfactory. About two-thirds of the milk which is supplied to the Borough is distributed in bottles, a very advisable method. It is a great advantage that most of the cows are kept out of doors throughout the year, for this means healthier cows and good quality milk.

The question of Pasteurisation of milk is much to the fore at present. The Board of Education has repeatedly urged that pasteurised milk should be supplied to the schools and the Government has announced its intention of introducing legislation to secure this.

The British Medical Association has taken the unusual step of making use of the lay press to bring before the public their opinion of the necessity for pasteurisation. The Health organisation of the League of Nations has passed a resolution setting out that in their considered opinion pasteurisation renders milk safe without seriously affecting its food value.

The public has, of recent years, been so lectured and urged to drink more milk and yet has so often been warned against the dangers of consuming impure milk that it must feel the need for enlightenment as to what method will make milk safe to drink and yet retain its food value and to know whether any of the methods used fail to do this. Parliament has had before it proposals to improve the quality by increasing the premium for Accredited and Tuberculin Tested milk, and also to authorise any local authority to apply to the Minister for an order imposing compulsory pasteurisation in its area. It will, therefore, be seen that the Government has committed itself to the principles of compulsory pasteurisation

though in practice it is of limited application. The practical difficulties and objections to universal pasteurisation are no doubt numerous and powerful, but it can be said that this method when efficiently carried out is by far the most effective guarantee against such infections as Tuberculosis, Enteric Fever, Scarlet Fever, Diphtheria, Sore Throats, etc., although some of these infections can be introduced after pasteurisation, but such risk should be small and would be eliminated if all the milk was bottled at the farm. As regards Accredited and T.T. milk the extra cleanliness in the methods of production which these designations imply, decrease the chance of infection but except in the case of T.T. milk, which is a guard against Tuberculous infection, there is no assured protection against the <sup>other</sup> infections mentioned. In certain largely populated areas of England most of the milk consumed is pasteurized. In London it is over 90 per cent., in Glasgow 80 per cent., and in many large towns between 50 and 60 per cent.

Although as things are at present pasteurisation is the safe method it is possible that universal pasteurisation might put the clock back in respect of improving the herds and increasing the clean production of milk.

One of the objects of submitting the cows to the Tuberculin Test is to build up tubercle free herds. This, with the encouragement of Accredited producers, aims at improving the methods of production and increasing the amount of clean or disease free milk. The incentive towards these objects might be weakened if pasteurisation was substituted.

At present there is no pasteurised milk available in the Borough.

*Meat.*—There are ten private slaughterhouses in the town, also an emergency slaughterhouse situated at the Smithfield Market which is owned and controlled by the Town Council.

The question of the provision of a Public Abattoir has received much attention and there is a growing tendency to recognise its necessity. A site is being considered and negotiations for the purchase are being carried on. Of course the sanction of the Minister will be necessary even if satisfactory terms are agreed to regarding the acquisition of the land, which is known as Brook House, Middleton Road. There may be some objection to this site but the balance of facts in its favour would undoubtedly outweigh those against.

A very important point is its convenience and accessibility to all concerned in the trade and being as far removed from dwelling-houses as can be hoped for. The number of animals slaughtered during the year reached close on 12,000. [A large quantity of the meat is sold outside the Borough.



A very cautious eye is kept on the food supplies by the Food Inspector and the possibility of any diseased or unwholesome meat reaching the consumer is reduced to a minimum. It may be said with confidence that the meat purveyed is of high quality. Two pork butchers have all their slaughtering done outside the town. For obvious reasons it would be preferable if this was done in the Town. The inspection takes place at the slaughterhouses either during the actual period of slaughter and dressing or very soon after.

Mondays and Thursdays are the recognised days when every slaughterhouse is visited and all meat inspected. During the year 1,325 visits were made. There is an obligation on the part of the butcher to notify the Inspector of any slaughtering taking place other than on the recognised days. This is to ensure that all meat is examined before being received into the shop for sale.

The meat shops are well fitted out and are a credit to the trade.

No meat is hawked about the streets of the town. An attempt was made some time ago, but this was discouraged, hence there are neither meat stalls in the streets nor vehicles hawking meat in the Borough. The only meat stalls are those situated under cover in the Cross Market.

There is a ready co-operation on the part of the butchers which greatly aids the work of meat inspection.

It is quite certain that our first line of defence against food infection or food poisoning is rigid inspection and in this respect the careful supervision of foods, in the preparation of which considerable handling is required, such as sausages, brawn, meat pies, etc., is of the greatest importance. It is likely that legislation will shortly be passed to enforce the registration of premises where these are prepared. There must, therefore, be scrupulous cleanliness on the part of all those who prepare foods and all utensils and receptacles should be spotless and foods protected from all risk of contamination. This has been emphasised during the year in one case where symptoms of illness arose as a result of eating food in which subsequent investigation showed that as much care had not been taken as should have been. In the case of bad or decomposed food the consumer is warned by his sense of the possible danger but very often where food has been infected with food poisoning organisms there is nothing to indicate its condition until the onset of the very distressing symptoms. It is all the more important, therefore, that every precaution should be taken to protect the public against them.

Food is fit for human consumption only so long as it will keep fresh and wholesome. Even if food leaves the shop and reaches the home in a perfectly sound condition it is quite possible for it

to become contaminated through lack of care in the home, excessive and uncleanly handling, and depositing the food in a warm dusty cupboard all help to produce an unwholesome condition.

Particular care should be taken of "left overs" which are often a cause of trouble, and this applies to all forms of food preparing places in shop or home.

#### ANIMALS INSPECTED.

	Cattle excluding Cows.			Sheep and Lambs.	Pigs.
Number killed, if known .....	1312	210	450	7800	2184
Number inspected .....	1312	210	450	7800	2184
All diseases except Tb. Whole carcasses condemned .....	1		16	12	2
Carcases of which some part or organ was condemned .....	184	19	2	470	89
Percentage of the number inspected affected with disease other than Tb.	14.1	9.05	4.0	6.18	4.2
Tuberculosis only. Whole carcasses condemned .....	1	2			5
Carcases of which some part or organ was condemned .....	18	23			248
Percentage of the number inspected affected with Tb.	1.45	11.9			18.35

There is no systematic ante-mortem inspection of cattle nor is it practicable where so many private slaughterhouses exist but occasionally advice is sought regarding certain conditions found in animals intended for slaughter.

Post mortem inspection has its difficulties, especially when slaughtering takes place in the various slaughterhouses simultaneously. However, the dressed carcasses and respective offal are as conveniently arranged as possible so the difficulty is minimised and all are inspected before they leave the slaughterhouse for the shop.

The Meat Marking Scheme under Part III of the Public Health (Meat) Regulations, 1924, is not in force in the Borough.

Other unsound food condemned during the year included 90lbs. tomatoes; 120 rabbits, 118lbs. plums; 110 eggs, and 834lbs. damsons.

The markets receive close attention, frequent visits being paid and special attention given to the produce brought in. The shops are also visited.

*Fish and Chips.*—There are 9 shops in the Borough; these receive periodical inspection. This is a cheap and popular article of food and it is essential that the conditions under which it is handled should receive the utmost attention from all concerned. On the occasions of the inspections the premises have been found clean and the utensils generally satisfactory.

#### *Ice Cream.*

In last year's report the urgency of registration of places where ice cream was manufactured was stressed and it is good to note that a Bill is shortly coming before Parliament which includes this important step towards the protection of this much consumed refreshment. It is only right that the same precautions which are taken to protect milk should be taken to ensure the safety of ice cream for this is as likely to spread disease, indeed its texture makes it more liable than milk to deposit the germs of ~~such~~ diseases as affect the throat such as Diphtheria and Scarlet Fever.

The demand and comparative ease of its manufacture encourages those who have no proper premises and little ideas of the hygienic requirements for its preparation and it will be to the benefit of the consumers when the makers of ice cream can be limited to those who have the necessary experience and accommodation.

### **PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.**

Bacteriological Diagnosis of Disease. Examinations are made by the Birmingham University, under an agreement with the County Council.

Reports on specimens submitted to the University by Medical Practitioners are sent to the Medical Officer of Health for his information. This is useful in controlling the notification of such diseases as Diphtheria, Tuberculosis, and Enteric Fever.

The following Table gives a summary of the work done for the Borough during the year 1936 :—



Nature of Investigation,		<i>Positive.</i>	<i>Negative.</i>	<i>Total.</i>
Swabs Diphtheria—				
Taken by Private Practitioners	34	110	144	
Taken by Medical Officer of Health	12	27	39	
Cases in Isolation Hospital	120	126	246	
School Contacts	20	62	82	
Virulence Test	—	1	1	
Sputum—Tubercle Bacilli	4	28	32	
Blood—Widal's Reaction				
B. Typhosus	—	2	2	
B. Paratyphosus B	—	2	2	
Faeces. Dysentery and Typhoid				
Organisms	—	2	2	

*Immunisation.*—At the end of the year it was decided to ask the Medical Practitioners in the Borough to carry out immunisation of all children attending the Welfare Centre and Elementary Schools whose parents desired it. As the result of a preliminary enquiry the parents of 480 children expressed their wish for their children to be immunised, 40 per cent. of the school population.

The method to be employed is two injections at fortnightly intervals of .2cc and .5cc doses of Alum Precipitated Toxoid.

The Scheme is already in operation and it is hoped that during the year a considerable proportion of the children will be protected.

#### REPORT ON ISOLATION HOSPITAL.

I am indebted to Dr. R. H. S. Marshall, Medical Officer of the Isolation Hospital, for the following particulars of the year's work :—

1. Total number of cases admitted, 121—(Diph., 97 ; S.F., 24).

2. Localities.	Diphtheria.	Scarlet	Enteric	Dysentery.
		Fever.	Fever.	
Oswestry Borough	22	3	—	—
Oswestry R.D.C.	60	15	—	—
Chirk District	15	6	—	—
3. Total Deaths	3	—	—	—

4. Complications :—(a) Diphtheria. Paralysis of palate was noted in several cases, but all cleared up under treatment. Myocarditis : A few mild cases, but all cleared up under treatment. Tonsillectomy : One case for persistence of infection. Infection :

Nasal only in 13 ; both throat and nose in 3. Of the 3 deaths one was admitted in Coma and never responded to treatment. The other two died from heart failure, having started treatment too late.

(b) Scarlet Fever :—Quinsy, 1 ; Rhinorrhoea, 3 ; Otitis, 1 ; Albuminuria, 1 ; Cervical Adentis with suppuration, 1. All were mild cases except four, which had severe clinical symptoms.

5. Cross infections. None.

6. Average duration of stay in Hospital :— .....

Diphtheria. Average 28 days. 1 case 78 days.)

(1 ,, 64 ,, )

(1 ,, 63 ,, )

(1 ,, 55 ,, )

Scarlet Fever. Average 35 days.

7. Antitoxin dose varied with the severity of the attack.

2 cases had 60,000 units.

1 case had 52,000 units.

3 cases had over 30,000 units, all intra-muscularly.

Intravenous injections were given in two cases only.

8. Revised Diagnosis. Two cases sent in as probable cases of Diphtheria proved to be negative on repeated swabbings and were discharged.

9. Health of Staff.—One nurse contracted Diphtheria, otherwise health has been very good.

#### DIPHTHERIA ANTITOXIN ORDER, 1910.

A supply of Diphtheria Antitoxin is available for cases residing in Oswestry in accordance with the provisions of the above order. This is obtainable from the Health Offices, 6, Salop Road, or after office hours from the Sanitary Inspector, Mr. Isaac, Croeswylan Lane. None was used during the year.

**TABLE 4.**  
**Infectious Disease—Scarlet Fever.**

Urban District.	Number of Cases notified annually, 1927—1931.						Population Census 1921.	Number of Cases notified annually, 1932—1936.									
	1927	1928	1929	1930	1931	Total		Average cases per 1,000 Pop-ulation per year.	1932	1933	1934	1935	1936	Total	Average cases per 1,000 Pop-ulation per year.	Five years annual aver-age 1927—1931	Five years annual aver-age 1932—36.
Oswestry	35	15	7	24	2	83	9,785	6	13	104	28	33	184	3.8	16.6	36.8	+ 20.2
Dawley	32	15	3	3	2	55	7,388	4	14	—	—	1	19	0.52	11.0	3.8	— 7.2
Oakengates	131	21	3	6	13	74	11,345	7	8	3	6	7	31	0.55	34.8	6.2	— 28.6
Wellington	25	16	13	26	4	84	8,146	11	3	7	9	9	39	0.95	16.8	7.8	— 9.0
Wenlock	19	26	12	13	4	74	14,149	3	7	6	34	3	53	0.74	14.8	10.6	— 4.2
Average for the 5 districts						74							65	1.31	18.8	13.0	— 5.8
England and Wales, 1936						—	39,952,377	—	—	—	—	—	—	2.6	—	—	—

**TABLE 5.**  
**Infectious Disease—Diphtheria.**

Oswestry	9,785	35	31	37	34	15	152	3.1	9,754	10	11	37	31	53	142	2.9	30.4	28.4	—	2.0
Dawley	7,388	28	5	8	33	48	122	3.3	7,359	13	10	33	6	14	76	2.1	24.4	15.2	—	9.2
Oakengates	11,345	2	2	11	1	32	48	0.85	11,190	13	5	1	8	46	73	1.3	9.6	14.6	+	5.0
Wellington	8,146	3	11	13	8	32	67	1.6	8,186	3	2	8	7	25	45	1.1	13.4	9.0	—	5.4
Wenlock	13,714	19	2	19	9	6	55	0.8	14,149	50	0	9	4	—	63	.9	11.0	12.6	+	1.6
Average for the 5 districts							89	1.93							80	1.7	17.8	16.0	—	1.8
England and Wales, 1936									39,952,377	—	—	—	—	—	—	1.4				



DISEASES OTHER THAN TUBERCULOSIS NOTIFIED DURING THE YEAR.

DISEASE.	TOTAL CASES NOTIFIED.														Cases Admitted to Hospital.														Total Deaths.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
	Under 1 year		1—2 years		2—3 years		3—4 years		4—5 years		5—10 years		10—15 years		15—20 years		20—35 years		35—45 years		45—65 years		Over 65 years		TOTALS.		Under 1 year		1—2 years		2—3 years		3—4 years		4—5 years		5—10 years		10—15 years		15—20 years		20—35 years		35—45 years		45—65 years		Over 65 years		TOTAL																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.

England and Wales

Case Rate per 1,000 population

Diphtheria 2.86  
(Average for 10 years 2.93)

Scarlet Fever 0.51

Average for 10 years (2.37)

Pneumonia 1.02

Puerperal Pyrexia 1.36

Puerperal Fever 12.9

1.49

2.33

1.36

13.93

Case Rate per 1,000 Births

(Live and Still)

Disease.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals.
Diphtheria	M. 8 F. 4	M. 2 F. 2	M. 1 F. 5	M. 1 F. 1	M. 1 F. 1	M. 1 F. 1	M. 1 F. 1	M. 1 F. 1	M. 1 F. 1	M. 1 F. 1	M. 1 F. 1	M. 1 F. 1	28
Scarlet Fever	M. 1 F. 1	M. 1 F. 1	M. 1 F. 1	M. 1 F. 1	M. 1 F. 1	M. 1 F. 1	M. 1 F. 1	M. 1 F. 1	M. 1 F. 1	M. 1 F. 1	M. 1 F. 1	M. 1 F. 1	5
Pneumonia	M. 1 F. 1	M. 1 F. 1	M. 2 F. 1	M. 1 F. 1	M. 1 F. 1	M. 1 F. 1	M. 1 F. 1	M. 1 F. 1	M. 1 F. 1	M. 1 F. 1	M. 2 F. 2	M. 1 F. 1	10
Totals	M. 8 F. 5	M. 3 F. 2	M. 3 F. 6	M. 1 F. 1	M. 1 F. 1	M. 1 F. 1	M. 2 F. 2	M. 2 F. 2	M. 1 F. 3	M. 1 F. 1	M. 1 F. 2	M. 1 F. 1	43

## NOTIFICATION OF PUERPERAL FEVER AND PYREXIA.

Borough	.....	.....	.....	12.9
Rural District	.....	.....	.....	51.64
England and Wales	.....	.....	.....	13.93

The following are particulars in regard to disinfection of rooms, bedding, etc. :—

<i>Disease.</i>	<i>Rooms.</i>	<i>Bedding.</i>
Scarlet Fever	5	5
Diphtheria	28	28
Tuberculosis	22	8
	<hr/> 55	<hr/> 41

One School was disinfected during the year, also one ward in the Cottage Hospital. A large number of books from schools and houses were disinfected at the Public Health Offices.

*Cleansing and Disinfection.*—There is no cleansing station for verminous persons in the borough, nor a disinfecter for bedding, etc.

**RATS.**

## RATS AND MICE DESTRUCTION ACT.

Early in 1937 complaints were received regarding rat infestation in the vicinity of the lower portion of Weston Lane. Inquiries were made covering a very substantial area and in conformity with the resolution of the Health Committee, Councillor Byrne assisted in the investigations. It was decided to report the matter to the County Rat Officer for the necessary action, chiefly because part of the infestation was from outside the boundary area.

Mr. Druce visited the area and reported that the infestation was small. Finally his successor, Mr. Duddles, Mr. Druce having retired, reported that no presence of rats could be found but that undoubtedly rats had been there. Similar action was taken at the Coal Wharf, Beatrice Street, with satisfactory results.

A number of other premises were dealt with during the year including shops, slaughterhouses and known areas where previous infestations had taken place.

In November, during the National Rat Week, posters and leaflets were widely distributed with a special appeal for the co-operation of all concerned.

There is every reason to hope that this action resulted in a reduction of the rat population.



## OPHTHALMIA NEONATORUM.

Cases.			Vision un- impaired	Vision impaired.	Total Blind- ness.	Deaths.
Notified.	Treated.					
	At home.	In hospital.				
2	—	2	2	—	—	—

## PREVENTION OF BLINDNESS.

No action was taken under Sect. 66 of the P.H.A., 1925, or under Sect. 176 of the P.H.A., 1936.

## TUBERCULOSIS.

In my Annual Report of 1931 I gave extracts of a report which I had asked Dr. Watkin, the County Council Tuberculosis Officer, to make on the position of this Borough as regards Tuberculosis. He pointed out that up to that date there had been a fairly steady decline in the mortality from Tuberculosis throughout the County, but this decline had been less evident in Oswestry and that the death rate for Oswestry from Pulmonary Tuberculosis for the ten years 1921—30 was 46 per cent. in excess of the average for all the Urban districts of the County. It is gratifying to record that in the intervening years since 1930 the picture has improved, although the Borough figures have by no means caught up with those of the other areas, its rate of decrease in the six years 1931 to 1936 is more marked than that for all the urban districts and the death rate over that period was 32 per cent. in excess instead of the 46 per cent. of the earlier period, and the death rate fell to nearly half.

As regards the new cases of Pulmonary Tuberculosis notified during the same period the decrease in Oswestry has been almost equal to that of the Urban districts in the County and so although the number of cases are still in excess the position is no worse.

In an endeavour to account for the higher incidence in Oswestry Dr. Watkin considered the factors which are generally recognised as favouring a high rate of Tuberculosis—malnutrition, overcrowding, unhealthy occupations, ignorance of the laws of health, low resistance of the population, unfavourable climatic conditions, impure milk supply and an inefficient public anti-tuberculosis scheme.



In examining each of these factors, Dr. Watkin came to the conclusion that *malnutrition* which coincides with poverty and unemployment was not excessive in Oswestry as compared with other places. As far as *overcrowding* was concerned Oswestry occupied about an average position, although the general situation in the urban districts, especially as regards the number of new cases sharing a bed, was not good.

Unhealthy Occupation: There was no industry in Oswestry particularly favourable to Tuberculosis.

As regards knowledge of the laws of health and general hygiene Oswestry was well served.

Low resistance of the population might be accounted for by immigrants from the uplands of Wales, who would not have been salted to the disease and so fall ready victims.

Climatic conditions seemd to have nothing to do with the high rate of Tuberculosis.

In regard to the milk supply, if anything Oswestry was more favourably situated than other parts of the County and non-pulmonary Tuberculosis which was the form mostly associated with bovine infection, was not excessive in Oswestry.

As far as special measures and services to combat Tuberculosis were concerned, Oswestry was much in the same position as any other area in the County.

In order to see if the information available would help to throw light on the problem and if any direction could be given as to means of prevention a summary has been made of all cases of Pulmonary Tuberculosis notified since 1929, unfortunately earlier records are not available, special note having been made of the factors of causation which have been mentioned, 100 cases over a period of six years have been considered with the following results:—

Number of cases in which malnutrition might have been a factor as shown by unemployment and low wages .....	13
Number of cases living under insanitary housing and overcrowded conditions .....	29
Number of cases working in unhealthy occupations .....	1
Number of cases born in Wales .....	13
(Average number of years the patient lived in Oswestry Nine of them for over 10 years) .....	17
Number of cases in which there was more than one case in the same house .....	33

From these figures it would appear that the most significant factors in the causation of the incidence of Pulmonary Tuberculosis

is infection from previous cases and unsatisfactory housing conditions. In recent years considerable headway has been made in improving the housing conditions both by getting rid of or re-conditioning insanitary houses and by relieving overcrowding, and with the continual progress which may be anticipated in the coming years it is to be hoped that this factor will progressively diminish. The importance of preventing the spread of infection from one person to another is emphasised in these figures.

The essential steps towards this are obvious but they unfortunately are not easily accomplished. Firstly the patient must go to the doctor early: secondly, the doctor must diagnose the complaint before it becomes infectious; thirdly, the patient must be isolated, preferably by admission to the sanatorium as early as possible. The search for a pre-existing case when one is discovered is of great importance.

From the information available it is certain that many sufferers from Tuberculosis are not examined by a doctor at a sufficiently early stage of the disease to prevent the spread of infection. The only way of combating this failure is for the public to be impressed with the importance of a visit to the doctor at the first signs of a failure in health.

The second step can only be taken if all patients are thoroughly examined at the earliest possible moment, that is when they first consult the medical practitioner. Great advance has been made in the use of X-ray examination in expert hands for the discovery of early signs of the disease and full use should be made of this means of early diagnosis. If the practice of special examination to exclude the diagnosis of tuberculosis instead of to confirm it was to become general, a distinct step forward would be made. Early isolation depends upon the early discovery of the disease, and if this is to be done followed by immediate notification, the steps to be taken rest with the Public Health Authorities, the County Council to see that early Sanatorium accommodation is available, and the local authority to see that housing conditions are provided for the family so that the patient can have space for a shelter or separate bedroom accommodation, it being essential that the patient and the family should realise fully the infectious nature of the complaint and so take all necessary precautions.

From the figures, malnutrition appears to be present in a comparatively small proportion of cases, although, generally speaking, there is little doubt that poor nutrition may be a predisposing cause of the disease. Although a Welsh ancestry may have been present, the actual number born in Wales was not large and certainly in most of these cases they did not succumb early to infection, for all but four of them had lived in Oswestry for over

10 years before notification. The evidence does not point to Welsh ancestry as an important factor in Oswestry's high tuberculosis rate, and it certainly is not sufficiently impressive to justify us in accepting a cause over which we have no control as a really significant one in the causation of the disease and so ignoring other causes which would appear to be of much greater importance and against which it is possible for successful action to be taken.



TUBERCULOSIS.

New Cases and number of deaths during 1937.

Age periods.	New notifications.		Deaths.						Admitted to Sanatorium.
	Respiratory.	Non-Respiratory.	Respiratory.			Non-Respiratory.			Respiratory.
			New Cases 1937		Old Cases	New Cases 1937		Old Cases	
0	M.		M.	F.	M.	M.	F.	M.	F.
1	—		—	—	—	—	—	—	—
5	—		—	—	—	—	—	—	—
10	—		—	—	—	—	—	—	—
15	—		—	—	—	—	—	—	—
20	1		1	1	—	—	—	3	1
25	4		—	—	—	—	—	1	—
35	—		—	—	—	—	—	—	—
45	1		1	1	1	—	—	1	—
55	1		1	1	—	—	—	—	2
65 and upwards	—		—	—	—	—	—	—	—
Totals ...	8	8	3	3	1	0	0	5	3
	16		6		2	0		8	

There were no non-notified tuberculosis deaths.

Notification of Pulmonary Tuberculosis.

TABLE 6.

		Five years 1927 to 1931.							Five years 1932 to 1936.								
Urban District.	Population Census 1931.	1927	1928	1929	1930	1931	Total.	Average cases per 1,000 pop-ulation per year.	Population Census, 1931	1932	1933	1934	1935	1936	Total.	Average No. cases per 1000 pop. per year.	Decrease per 1000 in last five years.
Oswestry	9,785	18	12	13	15	15	73	1.5	9,754	5	9	17	10	15	56	1.1	.4
Dawley	7,388	6	5	4	5	5	25	.7	7,359	4	6	3	1	4	18	.5	.2
Oakengates	11,345	9	14	8	5	8	44	.8	11,190	9	6	6	4	4	29	.5	.3
Wellington	8,146	13	16	6	8	10	53	1.3	8,186	8	4	6	5	4	27	.7	.6
Wenlock	13,714	16	15	10	1	19	61	.9	14,149	15	6	1	6	8	36	.5	.4
Average for the 5 districts							51	1.0							33	.7	.3
England and Wales									39,952,377							.98	

Average rate for the five districts per year — 1.04.

Average rate for the five districts per year — .65.

Average decrease — .38

For information the following Report is included :—

## OSWESTRY AND DISTRICT MATERNITY and CHILD WELFARE CENTRE.

*President*—Lady Harlech.

*Hon. Secretary*—Mrs. Crofton.

*Medical Officer*—Dr. L. Wilson Evans.

*Health Visitor*—Miss Bindloss.

*House Committee*—Mrs. Crofton, Mrs. Williamson,

Miss Blackett, Mrs. Wilson Evans.

*Voluntary Helpers*—Mrs. Crofton, Mrs. Barclay, Mrs. Caldwell,  
Mrs. Owen Evans, Mrs. Hartnell, Miss Howes, Miss D. Minshall,  
Mrs. Phillips.

*Hon. Treasurer*—Mr. R. Pitt.

*Hon. Auditor*—Mr. Bloomer.

### REPORT, 1937.

The Centre was open on fifty-three Wednesdays during the year from 1 to 4-30, and longer when found necessary.

Mrs. Crofton and her willing band of voluntary helpers have continued to do work of great value which is very essential for the successful running of the Centre. The time and energy which these ladies so generously give week after week throughout the year is greatly appreciated by the staff and the mothers, and we owe them a debt of gratitude for their co-operation.

The number attending the Welfare Centre continues to show considerable increase and really exceeds the accommodation available ; this despite the considerable drop in the numbers from the Rural District which has been noticeable since the Health Visitor for the more largely populated areas, such as St. Martins, Whittington, Weston Rhyn, no longer attends the Centre, the number from the Borough shows that very few babies born in Oswestry do not attend the Centre.

The attendance at the Child Welfare Centre has shown a marked tendency to increase as shown by the following figures of the average daily attendance since 1924.

1924	.....	28	1931	.....	73
1925	.....	37	1932	.....	73
1926	.....	46	1933	.....	67
1927	.....	43	1934	.....	84
1928	.....	52	1935	.....	81
1929	.....	52	1936	.....	88
1930	.....	58	1937	.....	93



## OSWESTRY WELFARE CENTRE, 1937.

Attendances of babies and children :—

Babies	.....	.....	2209	
1—5 years	.....	.....	2665	
			<hr/>	
Total	.....	.....	4874	
Total attendances of mothers	.....		3807	
	Borough.	Rural.		Totals.
New babies	..... 145	54		199
New 1—5 years	..... 14	20		34
	<hr/>	<hr/>		<hr/>
Totals	..... 159	74		233
	<hr/>	<hr/>		<hr/>
Total Cases.	Urban	.....	511	
	Rural	.....	176	
			<hr/>	
			687	
			<hr/>	
	Babies	.....	289	
	1—5 years		398	
			<hr/>	
			687	
			<hr/>	

## ANTE NATAL CLINIC.

Total Cases	.....	.....	48
New cases	{ Urban	.....	22
	{ Rural	.....	23
			<hr/>
Total	.....	.....	45
			<hr/>
Total Attendances	.....		100
			<hr/>

An extra session for expectant mothers was started in September. The clinic is open on the first Saturday in the month.

During these four sessions 16 new cases attended and on the 53 Wednesdays in the year 29 attended, so that only twice the number attended on the 53 Wednesdays as on the 4 Saturdays, although no doubt some of the 16 would have attended on Wednesdays if there had been no Saturday service.

It is quite certain that having a special ante-natal clinic, not in conjunction with the Welfare Centre, encourages the mothers to attend, so that it is to be expected that there will be a considerably increased annual attendance in the future.

A few mothers and babies were sent to the Home for Ailing Babies at Wellington, Salop, and the Children's Ward, Morda Infirmary, and came back much improved in health.

The Medical Officer attends all sessions, and sees all mothers with their infants attending for the first time, and such other mothers and children as are referred to him by the Health Visitors. Advice is given on infant hygiene and management. The ages of the children vary from two weeks to five years. All infants and children who are found to be suffering from any ailment or defect requiring treatment are referred to a private doctor. The function of the Infant Welfare Centre is educative and preventive.













